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CONFIRMATION NO. 5986

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/577,014		382	2624	127659

APPLICANTS

Hisashi Sano, Tokyo, JAPAN;

**** CONTINUING DATA *******

This application is a 371 of PCT/JP04/16116 10/29/2004

**** FOREIGN APPLICATIONS *******

JAPAN 2003-369157 10/29/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

12/09/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and Acknowledged	/RANDOLPH I CHU/ Examiner's Signature	Initials	JAPAN	13	5

ADDRESS

OLIFF & BERRIDGE, PLC
 P.O. BOX 320850
 ALEXANDRIA, VA 22320-4850
 UNITED STATES

TITLE

IMAGE PROCESSING METHOD, IMAGE PROCESSING DEVICE AND PROGRAM

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit